

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FO	DRM FOR CANDIDATE COMMITTEES
1. Committee ID #:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
2. Type of Filing:	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
Original	automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date:	11. Name and Address of Depositories or Intended Depositories
3. Full Name of Committee (must include Candidate's first and last name): Committee to Fleet Kink 6LASS	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
	a. Official Depository
4a. Candidate Full Name (Last, First, M.I.):	5/3RA BANK Stofling HTS1 MI 18314
GLASS, KIRK E	5/3/14 MAT 1/02/4
4b. Political Party (if applicable):	Stating HIST MAT 40311
Ret.	10/4 0/4
4c. County of Residence: MACOMB	
4d. Office Sought (Check one):	b. Secondary Depository
Governor Lt. Governor State Senator	
State Rep. Sec. of State Attorney Gen.	
State Bd. of Ed. UofM Reg. MSU Trustee	12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee intends to seek qualifying
Circuit Court District Court Probate Court	contributions or make qualifying experiod heres
Municipal Court	ZA N
Local or other please specify: County commissioner	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and
4e. District/Circuit # or Jurisdiction:	does not apply to candidates that file with the County Clerk's office.
4e. District Circuit # of Surfactions.	
5. Date Committee was Formed: 5-4-06	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the
6a. Committee Phone #: 248-225-2206	preceding calendar year OR expects to receive or spend \$20,000
	in the current calendar year to file campaign statements
6b. Committee Fax #: 348-225-2206	electronically. Merts Plus software is provided to you free of
6c. Committee E-mail Address: Kirkaol @ hotmailicom	charge to assist you in meeting this requirement.
6c. Committee E-mail Address: Str A a of Strol (1) 7 1812 a	Committee spent or received or expects to spend or receive in
7a. Complete Comm. Mailing Address (May be PO Box):	excess of \$20,000 and is required to file electronically.
5985 cotter	** OR **
Sterling HYS, MI 48314	Committee did not spend or receive or does not expect to spend
Stelling Hist was 100.1	or receive in excess of \$20,000 and would like to file electronically
	voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
	in the preparation of the above statement and that the contents are
5 nme	true, accurate and complete to the best of my/our knowledge or
Q (4, -	belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
9 Turneyyer Name and Complete Address:	completeness of each statement filed electronically by the committee.
8. Treasurer Name and Complete Address:	I/We certify that all reasonable diligence will be used in the
SAME	preparation of each statement electronically filed by this committee
	and that the contents of each statement will be true, accurate and
	complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone # SAME	11/11/20
Phone #: 3 A MC	Candidate.
E-mail Address:	1 / CIII/ L-W W 5-4-80
9. Designated Record Keeper Name and Complete Address:	
	Current Treasurer
SAME	1 / Cal the Exam
	3-1-00
SAME	Designated Record Keeper (Required only if filing electronically):
Phone #:	Designated Necota Neeper (Nequired only it tilling electronically).
E-mail Address:	
CFR101 CAN SO.doc REV 11/05: Authority granted under Act 388 of 1976. a	s amended